

2009 EMPLOYEE PREMIUMS

VOLUNTARY EMPLOYEE BENEFITS COVERAGE

HEALTH CARE PLAN OPTIONS

Following are the 2009 bi-weekly premiums for the City's health care plan options.

Health Care Plans:

- **Value PPO Plan:** Offers a slightly lower level of coverage for a lower employee premium cost. The Value PPO employee-only option is offered with no premium.
- **Standard PPO Plan:** Offers mid-range premiums for standard benefit levels with a combination of co-payments, deductibles and co-insurance levels.
- **Premier PPO Plan:** Offers employees higher level of benefits for a higher premium cost.
- **EPO Plan:** Offers a new medical plan option designed for employees willing to pay increased premiums in exchange for limited out-of-pocket costs to include co-pay amounts only paid at point of service. There are no out-of-network providers available with this plan.

| 2009 Bi-Weekly Premiums (Applies to Employees Hired After January 1, 2009) | | | | | | |
|---|-----------|--------------|-------------|----------|--|--|
| | Value PPO | Standard PPO | Premier PPO | EPO | | |
| Employee Only | \$0.00 | \$22.50 | \$47.00 | \$66.50 | | |
| Employee+Child | \$41.50 | \$55.50 | \$98.50 | \$132.50 | | |
| Employee+Spouse | \$96.00 | \$112.50 | \$161.50 | \$200.50 | | |
| Employee+Family | \$125.00 | \$147.50 | \$215.00 | \$268.50 | | |

2009 CURRENT EMPLOYEE PREMIUMS

VOLUNTARY EMPLOYEE BENEFITS COVERAGE

DENTAL, VISION, LIFE INSURANCE

Following are the 2009 bi-weekly premium rates for the City's Dental and Vision plans. Also included for your reference are multipliers for Supplemental Life Insurance products.

| Dental Bi-Weekly Premiums | | | | |
|---------------------------------------|----------------|------------------|--|--|
| | CitiDent (PPO) | SafeGuard (DHMO) | | |
| Employee Only | \$14.00 | \$5.36 | | |
| Employee+ 1 Dependent | \$21.00 | \$9.99 | | |
| Employee+ 2 or More Dependents | \$31.50 | \$14.99 | | |

Vision Bi-Weekly Premiums

UnitedHealthcare Vision

(formerly Spectera)

| Employee Only | \$4.04 |
|----------------------|---------|
| Employee+ Spouse | \$7.22 |
| Employee+ Child(ren) | \$7.22 |
| Employee+ Family | \$10.70 |

| Supplemental Life Insurance | | | | | | |
|----------------------------------|----------|---------------|------------------|-----------|--|--|
| | Employee | Premium | Current | Bi-Weekly | | |
| | Age | Multiplier | Salary / \$1,000 | Premium | | |
| To calculate | Under 30 | \$.022 | | | | |
| bi-weekly premium: | 30-34 | \$.032 | | | | |
| | 35-39 | \$.037 | | | | |
| Divide annual salary by \$1,000. | 40-44 | \$.050 | | | | |
| Multiply by amount | 45-49 | \$.087 | | | | |
| of additional coverage desired. | 50-54 | \$.135 | | | | |
| coverage desired. | 55-59 | \$.234 | | | | |
| | 60-64 | \$.388 | | | | |
| | 65-69 | \$.592 | | | | |
| | 70-74 | \$1.076 | | | | |
| | Over 74 | \$1.640 | | | | |